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IAB CASE NO. SH2263754

OFFICER INVOLVED SHOOTING FORM AND INVESTIGATIVE SUMMARY

WITNESS INTERVIEWS

Witness [REDACTED]
Witness [REDACTED]
Witness [REDACTED]
Deputy Leonardo Garcia
Deputy Troy Krautkramer
Patient Arnie Gonzales

EXHIBITS

- A - Homicide Book.**
- B - DVD containing Crime Scene Photos and printout of the photos.**
- C Range qualification scores for Deputy Krautkramer.**
- D - Delinquency Report/Remedial shooting report for East Los Angeles Station from 01/01/10 through 04/30/10.**
- E - An interior sketch of the location depicting where Deputy Garcia indicted they were positioned at the time of the shooting.**
- F - A printout of the MDT Administrative messages between East Los Angeles Units 21 and 21A on 3/24/ 10 between 0004 and 0012 hours.**
- G - An aerial photo of the location depicting where Deputy Krautkramer parked his radio car (roof top 208).**
- H - An interior sketch of the location depicting where Deputy Krautkramer indicted they were positioned at the time of the shooting.**

MISCELLANEOUS DOCUMENTS

- Signed rights admonition forms for Deputies Krautkramer and Garcia

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 06/22/10		Bureau/Station/Facility: FOR I / East Los Angeles Station		Admin. Invest. ? <input type="checkbox"/>		Hit? <input checked="" type="checkbox"/>	
Incident Information							
URN: 910-03304-0272-057				Date: 03/24/10		Time: 0014 Hours	
City or Station: East Los Angeles Station				Nature of Incident: Deputy Krautkramer shot Suspect Gonzalez after responding to an attempt suicide call and Subject Gonzalez quickly reached toward his rear waistband area and simulated he was armed.			
Location: █████ Dobinson Street, Los Angeles (Unincorporated Area)							
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot <u>Residence</u> Rural School Street Other: _____		Lighting (circle only one): Darkness Daylight <u>Other</u> Street Lights		Incident Type (circle one or more): Accidental Armed Person Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Stunle Struggle Involved Traffic Stop <u>Unarmed Person</u> Unintentional Vehicle Pursuit Warrant Service Warning Shot Other: <u>Simulated Weapon</u>		Initiated by (circle only one): Arrest Warrant <u>Call</u> Observation One Person Unit Other Search Warrant Two Person Unit	
		Weather (circle only one): <u>Clear</u> Cloudy Fog Rain Distance: _____					
Total # of Shots Fired by Deputy 3		Total # of Shots Fired by Suspect 0				Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses							
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): <u>EM</u> PM Day		ShiftType (circle only one): <u>Regular</u> Overtime Off Duty	
	Garcia-Rivera	Leonard					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty	
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day		ShiftType (circle only one): Regular Overtime Off Duty	
Non-Employee Witnesses							
Last Name		First Name		M.I.			
Street Address		City		Zip Code			
Last Name		First Name		M.I.			
Street Address		City		Zip Code		Work Ph	
Last Name		First Name		M.I.			
Street Address		City		Zip Code		Work Ph Home Ph	
Supervisors							
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting		Witness to shooting Involved in shooting	
	Ladjevic	David					
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting		Witness to shooting Involved in shooting	
Watch Sergeant							
Employee #	Last Name	First Name	M.I.				
	Lascano	Betty	B				
Watch Commander							
Employee #	Last Name	First Name	M.I.				
	Marquez	Carlos	A				

POSTD Use Only

SH # **2263754**

Rollout Information					
Arrival Date	03/24/10	Arrival Time	0150	Date Submitted	Date of Recommendation
Employee #	[REDACTED]	Last Name	Allen	First Name	Victor M.I. M.
Employee #	[REDACTED]	Last Name	Adler	First Name	Kelly M.I. L.
Employee #	[REDACTED]	Last Name	Ault	First Name	Alicia M.I. E.
Shooting / Force Information					

Shooting / Force Information

Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Brand

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lordin	(SW)	Smith & Wesson
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Coit	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(I)	Ithica	(RG)	RG	(ZZ)	Other Brand

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DI)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 gauge
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 gauge	(30) .308 caliber	(45) .45 caliber
(20) 20 gauge	(35) .357 caliber	(50) 50 mm
(21) 22-250	(36) 30-60 caliber	(SL) Slug
(22) .22 caliber	(38) 38 caliber	(WW) Other caliber
(23) .23 caliber	(40) 40 caliber	

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee

E 1	Employee #	Last Name Krautkramer	First Name Troy	M.I.
	Sex: M	Race: W	Rank: Deputy	Unit Assignment: FOR I/ East Los Angeles Station
	Work Assignment (Unit #, Module, etc.): Unit 21			
	Shift Time (circle only one): EM PM Day		Shift Type (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input checked="" type="checkbox"/>			
	Hrs of sleep prior to shooting: 6-7		Duty Time (hrs):	
	Age: 600		Weight: 200	
	Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest Uniform w/ Vest		Other Factors:	
	Range Qualification Date:		PPC Qualification Date:	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:			
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

E	Employee #	Last Name	First Name	M.I.
	Sex:	Race:	Rank:	Unit Assignment:
	Work Assignment (Unit #, Module, etc.):			
	Shift Time (circle only one): EM PM Day		Shift Type (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):	
	Age:		Weight:	
	Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest		Other Factors:	
	Range Qualification Date:		PPC Qualification Date:	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:			
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

E	Employee #	Last Name	First Name	M.I.
	Sex:	Race:	Rank:	Unit Assignment:
	Work Assignment (Unit #, Module, etc.):			
	Shift Time (circle only one): EM PM Day		Shift Type (circle only one): Regular Overtime Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):	
	Age:		Weight:	
	Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest		Other Factors:	
	Range Qualification Date:		PPC Qualification Date:	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:			
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information

S 1	Last Name: Gonzales		First Name: Amie		M.I.: G.
	AKA Last Name:		First Name:		M.I.:
Sex: M Race: H		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: 31 D.O.B.:		Height: 510 Weight: 180	FBI #:	CII #:	
Booking #:		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #:	Intoxication/Drug Usage? <input checked="" type="checkbox"/>	Substance Used: Alcohol	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input checked="" type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make:		Model:		Year:	

S	Last Name:		First Name:		M.I.:
	AKA Last Name:		First Name:		M.I.:
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.:		Height: Weight:	FBI #:	CII #:	
Booking #:		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make:		Model:		Year:	

S	Last Name:		First Name:		M.I.:
	AKA Last Name:		First Name:		M.I.:
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.:		Height: Weight:	FBI #:	CII #:	
Booking #:		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make:		Model:		Year:	

S	Last Name:		First Name:		M.I.:
	AKA Last Name:		First Name:		M.I.:
Sex: Race:		Street Address:		City:	State & Zip Code:
Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
Age: D.O.B.:		Height: Weight:	FBI #:	CII #:	
Booking #:		Primary Charge:		Secondary Charge:	
Coroner Case? <input type="checkbox"/>		Coroner Case #:	Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:	
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>	Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>	
Vehicle Make:		Model:		Year:	